

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City *St. Louis* (No. *5532 Palm St.*)

18051
File No.
Registered No. **4251**
St. Ward)

2. FULL NAME

(a) Residence, No. *5532 Palm St.*, *6* Ward.

Length of residence in city or town where death occurred yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Raymond Knipp</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 15, 1901</i>				
7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
	<i>32</i>	<i>1</i>	<i>27</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Home</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Taneas</i>			
	13. NAME <i>James Gardner A.</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>			
	15. MAIDEN NAME <i>Miriam Newton</i>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>			
	17. INFORMANT <i>Raymond Knipp</i> (ADDRESS) <i>5532 Palm St.</i>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Lake View Park</i> DATE <i>May 16, 1933</i>			
19. UNDERTAKER (ADDRESS) <i>Dr. J. A. ...</i>				
20. FILED <i>MAY 13 1933</i> <i>7</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 12, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *May 9, 1933*, to *May 12, 1933*. I last saw her alive on *May 12, 1933*. Death is said to have occurred on the date stated above, at *10:30 a.m.*

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset *5-9-33*
100
170 108

Other contributory causes of importance:
Gastro-Enteritis *5-9-33*

Name of operation..... Date of.....
What test confirmed diagnosis? *Clinical Examination* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*..
If so, specify.....
(Signed) *Richard F. Hammel*, M. D.
(Address) *286 1/2 Union Bl., St. Louis, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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